

## 324 Histoire sociale / Social History

living in the mountainside enjoyed greater economic prosperity because they practised a form of population control that included female infanticide and out-migration of older, widowed women to work in towns and villages. Proof for this thesis lies in the incongruous ratio of males to females noted in tax registries of the period, with 188 males to 100 females recorded in 1427, a trend that continued throughout the century.

The book ends rather abruptly with this last essay. A concluding chapter bringing all the arguments together would have been helpful. Most importantly, the author would do well to re-examine his approach to gender analysis in historical research.

Darlene Abreu-Ferreira  
*University of Winnipeg*

Daniel Hickey — *Local Hospitals in Ancien Régime France: Rationalization, Resistance, Renewal, 1530–1789*. Montreal and Kingston: McGill-Queen's University Press, 1997. Pp. xi, 275.

What happened to the thousands of small, local institutions of poor relief, remnants of the charitable establishments of medieval France that had for centuries ministered to the needs of the poor, when the royal government and the larger towns of the late sixteenth and seventeenth centuries undertook, for their own not disinterested reasons, to centralize and rationalize poor relief? Earlier studies of the hospitals of early modern France either ignore this particular question or accept the argument, largely derived from the work of Michel Foucault, that in the seventeenth century the small hospitals of provincial France were systematically despoiled of their property and closed down, to be replaced with urban centres which were the direct beneficiaries of the new developments. These reinvigorated, enlarged institutions applied the policies of the great confinement on a grand scale, transforming France's hospitals into an urban-based system of *hôpitaux-généraux* (workhouses, prisons, and even foundling homes) for the able-bodied poor and *hôpitals-Dieu* (infirmaries) for the sick, an arrangement which would prevail into the second half of the eighteenth century. Then, still according to extant studies, a succession of comptrollers-general would again entrust impoverished local authorities with responsibility for caring for the sick poor, encouraging those authorities to embrace modernity by developing such punitive institutions as *dépôts de mendicité* for the able-bodied poor.

This, Daniel Hickey explains, is not quite what happened. True, small communities experienced population stagnation and the loss of structures to support local institutions, at the same time as the royal government began to promulgate legislation promoting the centralization and rationalization of poor relief. Specifically, the royal government sought support for old soldiers, and the growing urban hospitals began to look for additional revenues from among the fixed assets of local hospitals when the latter were in a weakened state. The attack was real enough and, in time, literally thousands of local institutions went under. Even so, the new royal

policies could not be widely implemented. The great confinement was a sporadic affair, depending upon local authorities to find the money and the will to implement it. The attack on local hospitals, Hickey convincingly demonstrates, did not result in the uninterrupted decline of the charitable institutions of small towns and rural areas in the sixteenth to eighteenth centuries. Rather, crises alternated with the periodic rebuilding of provincial institutions, so that over a thousand small, local hospitals survived — some, indeed, were able to thrive — until the Revolution and beyond.

The many-faceted Catholic Reformation, in the sixteenth and more particularly in the seventeenth century, provided the means for many local hospitals to resist the onslaught, to rebuild, and to take on additional functions intended to serve the needs of the poor and unruly. The movement produced new forms of clerical leadership and provided the men's religious orders whose members took up the cause of the rural and small-town poor through preaching missions, encouraging discriminating giving through *bureaux de charité* dedicated to the alleviation of poverty and hunger, and even advocating, before the state proposed such a thing in more drastic form, the creation of workshops for the able-bodied poor. Women, also inspired by the Catholic Reformation, including prominent laywomen and members of religious congregations, served as patrons and provided the personnel of many surviving local hospitals. Such institutions proceeded to provide the locally based poor relief promoted by Laverdy, Turgot, and Necker in the latter half of the eighteenth century. Local elites managed the finances of local hospitals and determined who should benefit from the new forms of charity; their social status depended, in part, upon their exercise of these functions.

Such an analysis, even at the general level, would have been a welcome addition to the extant literature on hospitals and poor relief in early modern France, but Hickey has chosen an additional assignment. He has undertaken to evaluate how the centralization and rationalization of poor relief policy and the resistance to that policy actually worked in practice, under absolutism and the Enlightenment, in eight local hospitals in southeastern and northwestern France. He has produced micro-histories of eight institutions which are representative, if not necessarily typical, of the surviving 1,024 small, local hospitals of the late *ancien régime*.

The eight hospitals included those of the small towns of Caudebec and Pontorson in Normandy, Malestroit and Savenay in Brittany, St-Vallier and Étoile in Dauphiné, and Seyne and Grignan in Provence. Besides extant archives dating from the *ancien régime* and their small size — they were located in towns whose populations in the late eighteenth century were not greater than 2,500 and had from four to 40 beds — these institutions had in common a tradition of successfully avoiding destruction during the sixteenth to eighteenth centuries; indeed, all survived to the twentieth century. Under the *ancien régime* their fortunes fluctuated but generally improved significantly, as they added a variety of new functions to traditional ones. They accepted paying inmates, ranging from soldiers and the mentally ill to orphans and abandoned children; several, albeit not until the late eighteenth century, created workshops or schools which brought additional revenue to the hospital. Yet by continuing to admit at least a small number of elderly, ill

paupers to hospital beds and to distribute grain and, in the late eighteenth century, medicines to much larger numbers, their administrators confirmed their commitment to the local poor.

Direct dealings with the poor were normally undertaken by women. By the eighteenth century, seven of the eight hospitals were served by women; in five cases these women were members of religious congregations or an informally constituted religious community, and in the other two they were not bound by religious vows. When the administrators of several hospitals undertook to supplement hospital revenues and offer useful employments to the poor, women ran both workshops and schools. The example of the eight hospitals demonstrates the ability of such dedicated practitioners of the Catholic Reform to institutionalize effective means of poor relief as well as the tenacity of the administrators in both threatening and promising circumstances. There is a timelessness about the survival of the eight hospitals which is striking. Their example might well provide encouragement to people seeking to preserve local hospitals in late twentieth-century Canada.

For its content and argument, this book must be ranked with the outstanding works of this century on poor relief in *ancien régime* France by Camille Bloch, Jean-Pierre Gutton, Olwen Hufton and Colin Jones. It is a pity that McGill-Queen's University Press did not employ literary or copy editors capable of correcting the infelicities of grammar and composition — or even the spelling errors in both English and French — which mar too many pages of this otherwise important and impressive book.

D. Gillian Thompson  
University of New Brunswick

Ann-Louise Shapiro — *Breaking the Codes: Female Criminality in fin-de-siècle Paris*. Stanford, Calif.: Stanford University Press, 1997. Pp. vi, 265.

Ann-Louise Shapiro's title, *Breaking the Codes*, works on several levels. It refers first to late nineteenth-century French women who broke criminal laws and rejected gender norms. Secondly, the title describes Shapiro's goal in writing: to explain how *fin-de-siècle* discourse on the female criminal both revealed and obscured widespread anxieties not only about changing gender roles but also about the dangers of urban life, national degeneration, and shifting class relationships.

Shapiro argues that the female criminal, statistically insignificant compared to the male, became the central figure in all levels of discourse because she embodied the potential for disorder that obsessed the Third Republic. In particular, the crime of passion fascinated contemporaries because it symbolized the danger to male privilege and the bourgeois family. Yet women who killed their husbands and lovers were routinely acquitted. This lenience reflected contradictory rationales. First, many contemporaries recognized that the civil and penal law protected adulterous and abusive men; the *petit bourgeois* male jurors accepted that some